

Division of Laboratory Services 630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/health/health-program-areas/lab.html

Disease/Agent Suspected or Test Requested:

Hepatitis B virus

Provider Requirements	
Acceptable Specimen Sources/Type(s) for Submission	Whole, clotted blood Serum
TDH Requisition Form Number	PH-4182
Media Requirements	 Red-stoppered vacuum tube (whole blood) Sterile, plastic screw capped vial (serum)
Special Instructions	PTBMIS Order Code: HEPB (Hepatitis B Pan) StarLIMS Order Code: 5049 (Hepatitis B Panel)
Shipping Instructions	Ship cold on cold packs
Laboratory Section Performing Testing	Serology
Lab Location(s) Performing Test	Nashville; Knoxville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).